

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

WV0000199109

## II. Name of Installation (Include company and specific site name)

PAIN T WIZARDS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1330 HANFORD ST

Street (Continued)

City or Town

CHARLESTON

State

Zip Code

WV 25301-

County Code

County Name

039 KANAWHA

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1330 HANFORD ST

City or Town

CHARLESTON

State

Zip Code

WV 25301-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

PAXTON

(First)

JOE

Job Title

OWNER

Phone Number (Area Code and Number)

304-345-6393

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

1330 HANFORD ST

City or Town

CHARLESTON

State

Zip Code

WV 25301-

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

ROXALANA LAND CO

SEP 14 1998

Street, P.O. Box, or Route Number

1330 HANFORD ST

City or Town

CHARLESTON

State

Zip Code

WV 25301-

Phone Number (Area Code and Number)

304-345-6393

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Data Changed)

Month

Day

Year

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ ☐ ☐ ☒ D000 D029 D039 D040 D007 D001 D005 D012

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F005	2 F003	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

William J. Paxton

Name and Official Title (Type or print)

Owner William J. Paxton

Date Signed

7-2-98

## XI. Comments

Am 9/12/

RECEIVED

JUL 06 1998

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Division of Environmental Protection  
Office of Waste Management  
Notifications

EPA

DEAR DEADA

AS OF FEB 15, 1999

PAINT WIZARDS

1330 HANSFORD ST

CHARLESTON WV 25301

EPA# WJ0000199109

WILL BE NO LONGER IN BUSINESS

PLEASE POST IN MY FILE MY LAST WASTE  
WAS PICKED UP BY SAFETY KLEEN 2-11-99

1-5 GAL PAINT WASTE

1-15 GAL PAINT WASTE

THANK YOU

**RECEIVED**

JOE PAXTON

FEB 16 1999

Division of Environmental Protection  
Office of Waste Management  
Notifications

Closed # for this  
facility  
ac

SOG X



**DIVISION OF ENVIRONMENTAL PROTECTION**

GASTON CAPERTON  
GOVERNOR

1356 Hansford Street  
Charleston, WV 25301-1401

DAVID C. CALLAGHAN  
DIRECTOR

January 13, 1995

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Joe Paxton  
Family Body Shop  
1330 Hansford Street  
Charleston, West Virginia 25301

Dear Mr. Paxton:

Enclosed is a copy of the **Compliance Evaluation Inspection Report** completed by representatives of the Chief from the Office of Waste Management. This report is based on the inspection conducted on December 22, 1994.

Please refer to the **Compliance Evaluation** section of the report for those violations discovered during the course of this inspection. As a result of those violations, this report is being referred for the following action:

☒ **Notice of Violation (NOV)**  
☐ **Civil and Administrative Penalty (CAP)**  
☐ **Enforcement Referral**

A copy of this report is being transmitted to the United States Environmental Protection Agency (U.S. EPA), Region III, Philadelphia, Pennsylvania.

Thank you for your assistance and cooperation. If you have any questions concerning the inspection or the attached report, please feel free to contact Inspector Henry Haas, Jr. at **558-5989**.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas A. Fisher".

Thomas A. Fisher  
Inspector Supervisor

TAF/kw

cc: Jeanne Sofield, U.S. EPA, Region III  
Henry Haas, Jr., Inspector  
Civil and Administrative Enforcement  
File

**Office of Waste Management, Compliance Monitoring and Enforcement**  
**Telephone: (304) 558-5989 Fax: (304) 558-0256 TDD: 1-800-642-6700**



Gaston Caperton  
Governor

BUREAU OF ENVIRONMENT  
DIVISION OF ENVIRONMENTAL PROTECTION  
Office of Waste Management

David C. Callaghan  
Director

David C. Callaghan  
Commissioner

L. Eli McCoy  
Deputy Director

**NOTICE OF VIOLATION**

DATE: December 22, 1994

TIME: 1308

ISSUED TO: Family Body Shop

EPA I.D.#: WV0000199109

FACILITY MAILING ADDRESS: 1330 Hansford Street Charleston, WV 25301

FACILITY REPRESENTATIVE: Joe Paxton

On the date and time specified, an authorized agent of the Chief of the Office of Waste Management conducted an inspection of the facility described above in accordance with West Virginia Code, Chapter 22, Section 18 and/or an Order or Permit issued pursuant to §22-18. During that inspection the following violation(s) were noted:

1. A. (Regulation) Section 3.2.1.a.E.b of the WV Hazardous Waste Management Regulations.

B. (Facts) Facility had a hazardous waste container open.

2. A. \_\_\_\_\_

B. \_\_\_\_\_

In order to attain compliance with the cited Code and/or Regulations, you must perform the following remedial actions:

1) Keep all containers closed except when adding or removing waste (this includes funnels; funnels must be closable if left in the container.).

Within 10 days of receipt of this notice, document compliance and how you plan to handle in the future with the above mention violation by written correspondence to this office.

**NOTE: If these items are complied with, no further action will be taken at this time.**

A copy of this Notice of Violation will be forwarded to the Enforcement Unit of the Office of Waste Management. The issuance of this Notice may result in an administrative civil penalty being levied in accordance with West Virginia Code § 22-18-17.

District Phone: (304) 256-6850

Issued By: Henry Haas

District Fax: (304)256-6948

Title: Environmental Inspector





Gaston Caperton  
Governor

David C. Callaghan  
Commissioner

BUREAU OF ENVIRONMENT  
**DIVISION OF ENVIRONMENTAL PROTECTION**  
Office of Waste Management

David C. Callaghan  
Director

L. Eli McCoy  
Deputy Director

**CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR  
COMPLIANCE EVALUATION INSPECTION**

The regulations for this inspection are the WV Hazardous Management Act (Chapter 22-18), 47CSR 35  
Section 3.2.1.b. & 40CFR 260-265, which apply to facilities generating <100kg/month of Hazardous Waste (HW).

COMPANY NAME: Family Body Shop  
MAILING ADDRESS: 1330 Hansford Street  
Charleston, WV 25301  
LOCATION: Next to the Office of Waste Management  
COMPANY CONTACT: Joe Paxton  
PHONE: 304/ 345 - 7919  
DATE INSPECTED: December 22, 1994  
DATE PREPARED: December 28, 1994  
INSPECTORS: (1) Henry Haas  
(2) Dave Cunningham  
EPA ID#: WV0000199109  
NON-HANDLER: (Y/N) N  
COUNTY: Kanawha  
TITLE: Owner  
ADVISED OF INSPECTION AUTHORITY: (Y/N) Yes  
TIME OF INSPECTION: 0940  
PREPARED BY: Henry Haas  
VIOLATIONS: (Y/N) Yes  
ACTION TAKEN: Other - Notice of Violation  
(NON/CAP/Enforcement Referral/Other)  
FACILITY DESCRIPTION: Auto body repair and paint shop.

Hazardous Wastes (as Notified or updated)	Qty/Mo.	Disposal Co./Method
<u>D001/D000/D006/D007/D008/F003/F005</u>	<u>@ 27lbs/month</u>	<u>Safety-Kleen</u>

47CSR35

Section

YES NO N/A


3.2.1.b.B	Has facility made a HW Determination for all waste?	X		
3.2.1.b.C	Has facility notified for all HW streams?	X		
3.2.1.b.D	Is facility storing <1000 kg non-acute HW on-site?	X		
	Is facility storing <100 kg acute HW on-site?			X
3.2.1.b.E	Does facility have written record on-site of quantity/type/date/final disposition for all HW generated?	X		
3.2.1.b.F	Does facility treat/recycle/reclaim/reuse the HW?		X	
	Does facility ensure delivery of HW to permitted TSDF?	X		
3.2.1.b.G	Does facility mix non-HW with HW resulting in non-characteristic waste?		X	
3.2.1.b.G(a)	Does facility mix non-HW with quantities of HW initially less than 3.2.1.b.D amounts?		X	
3.2.1.b.G(b)	Does facility mix HW with used oil destined for energy recovery?		X	

COMMENTS: Open container ( waste drum) of waste.

Beal

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 10-31-91  
GSA GEN. REG. NO. 27

<p>Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>		 <b>EPA</b>		<b>Notification of Regulated Waste Activity</b>		<b>Date Received</b> (For Official Use Only)	
		United States Environmental Protection Agency					
<b>I. Installation's EPA ID Number (Mark 'X' in the appropriate box)</b>							
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number			
				WV00000199109			
<b>II. Name of Installation (Include company and specific site name)</b>							
FAMILY BODY SHOP							
<b>III. Location of Installation (Physical address not P.O. Box or Route Number)</b>							
Street							
1330 HANSFORD STREET							
Street (continued)							
City or Town				State	ZIP Code		
CHARLESTON				WV	25301-		
County Code	County Name						
039	KANAWHA						
<b>IV. Installation Mailing Address (See instructions)</b>							
Street or P.O. Box							
1330 HANFORD STREET							
City or Town				State	ZIP Code		
CHARLESTON				WV	25301-		
<b>V. Installation Contact (Person to be contacted regarding waste activities at site)</b>							
Name (last)				(first)			
PAXTON				JOE			
Job Title				Phone Number (area code and number)			
OWNER				304-345-7919			
<b>VI. Installation Contact Address (See instructions)</b>							
A. Contact Address Location		B. Street or P.O. Box					
<input checked="" type="checkbox"/>		1330 HANSFORD STREET					
City or Town				State	ZIP Code		
CHARLESTON				WV	25301-		
<b>VII. Ownership (See instructions)</b>							
A. Name of Installation's Legal Owner							
SAM SILVERSTEIN							
Street, P.O. Box, or Route Number							
1327 HANSFORD STREET							
City or Town				State	ZIP Code		
CHARLESTON				WV	25301-		
Phone Number (area code and number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator		(Date Changed) Month Day Year	
304-343-5961		P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

4-18

4-7

486

GENERAL STATE SECTION

MAR 28 1994

SES, 33

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions) ☐ 3. Treater, Storer, Disposer (at installation)  
a. Greater than 1000kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity; see instructions.  
b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐ 4. Hazardous Waste Fuel  
c. Less than 100 kg/mo (220 lbs.) ☒ a. Generator Marketing to Burner  
b. Other Marketers  
2. Transporter (Indicate Mode in boxes 1-5 below) ☐ c. Burner - indicate device(s) -  
a. For own waste only ☐ Type of Combustion Device  
b. For commercial purposes ☐ 1. Utility Boiler  
Mode of Transportation ☐ 2. Industrial Boiler  
c. Burner - indicate device(s) -  
1. Air ☐ 3. Industrial Furnace  
2. Rail ☐ 5. Underground Injection Control  
3. Highway ☐  
4. Water ☐  
5. Other - specify ☐

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel  
a. Generator Marketing to Burner ☐  
b. Other Marketer ☐  
c. Burner - indicate device(s) -  
Type of Combustion Device  
1. Utility Boiler ☐  
2. Industrial Boiler ☐  
3. Industrial Furnace ☐  
2. Specification Used Oil Fuel Marketer  
(or On-site Burner) Who First Claims  
the Oil Meets the Specification ☐

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))  
D006 D007 D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

William J. Paxton

Name and Official Title (type or print)

Co-owner/William J. Paxton

Date Signed

10-22-93

## XI. Comments

Ham 4-20-94

RECEIVED

NOV 01 1993

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

WV0000199109

INSTALLATION ADDRESS

FAMILY BODY SHOP  
1330 HANSFORD ST  
CHARLESTON , WV 25301  
JOE PAXTON OWNER

1330 HANSFORD ST  
CHARLESTON , WV 25301



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ WV0000199109 10/07/98

INSTALLATION ADDRESS

PAINT WIZARDS  
1330 HANSFORD ST  
CHARLESTON, WV 25301  
JOE PAXTON OWNER

1330 HANSFORD ST  
CHARLESTON, WV 25301